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PRINTED: 12/01/2014 FORM APPROVED

Division of Health Service Regulation  STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL017008		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		B. WING	11/1	11/14/2014		
NAME OF PI	ROVIDER OR SUPPLIER			TATE, ZIP CODE		
STONEY	CREEK FAMILY CA		NEY CREEK LE, NC 273:	SCHOOL ROAD		
(X4) ID PREFIX TAG	SUMMARY ST.	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL. LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
0 000		a Fay				
DHSR Construction Section conducted a Biennial Survey on November 14, 2014 at the above referenced facility. DHSR records indicate the home was first licensed on March 01, 1981 as a Family Care Home for five Residents; Licensure rules at this time only allowed for a maximum capacity of five Residents. Effective on February 1, 1983 the building code was amended to allow for a maximum of six Residents, and effective on April 1, 1984 Licensure Rules were revised to allow for a maximum capacity of six residents as well. Your home is currently licensed with a capacity of Six (6) all-ambulatory residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1984 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1978 (Revision 5) North Carolina State Building Code - Section-409.1(g)-Residential Care Facilities.			CONSTR	RUCTION SECTION SECTIO		
	At the time of our require an accept as follows:	visit, we cited deficiencies that able plan of correction. They are				
C 174	Building Equipme	nt Maintained Safe, Operating	C 174			
	(a) The building	0317 BUILDING SERVICE and all fire safety, electrical, plumbing equipment in a family				
JWISION OF P LABORATO	health Service Regulation RY DIRECTOR'S OR PRO	on Widerisupplier representative's s		C. Admit	/r con/	(XS) DATE
STATE FO	)RM		6189	EICK21	_	

CONSTRUCTION NOTED 1201/2014 FORM APPROVED

Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  RECEIVED		E SURVEY IPLETED		
		FCL017008	B. WING		11/	14/2014
NAME OF PROVIDER OR SUPPLIER STREET ADDR				STATE, ZIP CODE		
STONEY CREEK FAMILY CARE HOME 2896 STOR				SCHOOL ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECT) CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	COMPLETE DATE
C 174	Continued From pa	ge 1	C 174			
	operating condition.	maintained in a safe and apply to new and existing				
	from a previous lead to repair the floor so	et as evidenced by: hall bathroom has buckled k. Contract a qualified vendor o that the bathroom has a Provide documentation of the		A cutador ) belloan f	for level the	1-31-15
	deteriorated along to	at the back exit is severely he bottom. Contract a replace the storm door. tion of the repairs.		The Storn be replaced	door wll .	2-15-15 1-31-15
	secured to the base vendor to secure an	the back bathroom is not cabinet. Contract a qualified d caulk the vanity top. of the completed repairs.		The sink	nellaba replace	1515 1-31-15
	side of the facility ar	at the gable vent along the left re broken out. Contract a replace the gable fins. tion of the repairs.		The gables	null be repl	131 -15 131 -15
C 123	Outside Entrances/6	Exits	C 123			1-31
**************************************	.2209) a. All floor levels me there are only two, to from each other as a b. At least one entra minimum clear width	nment es/Exits (10 NCAC 42C  ust have at least two exits. If the exits must be as remote reasonably possible. ance/exit door must be a th of three feet and another clear width of two feet and			·	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL017008	B. WING		11/14/2014	
	PROVIDER OR SUPPLIER	2896 STO		STATE, ZIP CODE S SCHOOL ROAD 20		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE	
C 123	eight inches. c. At least two outs residents' floor level accessible by ramp inches of length of entrances/exits, the remote from each of (The requirement for ground level applies one resident who nigetting up or down d. All exit door look a single hand motion without keys. e. All entrances/exobstructions or implies in case f. All steps, porche provided with hand. This Rule is not med. This Rule is not med. The storm door dead bolt latch that single hand motion Contract a qualified	side entrances/exits for the all must be at ground level or with a 1 inch rise for each 12 the ramp. If there are only two entrances/exits must be as other as reasonably possible, or the ramp at exits not at s to homes which have at least eeds personal assistance in steps.) is must be easily operable, by on, from the inside at all times it must be free of all ediments to allow for full of fire or other emergency. It is stoops and ramps must be rails and guardrails.	C 123	disable locking to prevent door to lock.	1-15-15 ever	